

**PSC ED OSDFS**

**Moderator: Gizelle Young  
July 20, 2010  
1:00 pm CT**

Coordinator: Welcome and thank you for standing by. All parties will be on a listen-only mode for the duration of today's conference. I'd also like to inform parties that the call is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the meeting over to Mr. Norris Dickard. Thank you, sir. You may begin.

Norris Dickard: Good afternoon. My name is Norris Dickard. I am Director of National Programs in the Office of Safe and Drug-Free Schools at the US Department of Education. And we are so pleased you all could join us during what, for most of you, is the summer vacation from the school year, but we are so happy to continue our monthly webinar series, hopefully with information that can assist you.

The topic of today's webinar is Selecting Evidence-Based Interventions, Determining What's Best for You. You've probably heard terms like evidence-based or science-based.

You've heard related terms -- experimental design, randomized control trials, pre- and post-test outcomes, and internal validity, elimination of selection

bias. We could spend an entire hour on the evidence-based, the various types of study design, evaluation design, but that's not the focus of today's meeting.

Why does it matter to choose evidence-based or science-based interventions? You're busy during the school year trying to decide how to meet your needs. You want research that shows you what you do matters. And especially in this era of tight educational budgets, it's really critical to get bang for your buck when you implement programs.

So today we're going to provide information on various federally funded resources that provide tools to assist you in selecting evidence-based interventions. What are our topics? What are the topics for these interventions? We're going to talk about alcohol and drug prevention, positive youth development and violence prevention activities.

Three of the federally funded resources that we'll present today are the Department of Health and Human Services National Registry of Evidence-Based Programs and Practices; the Department of Justice funded Blueprints for Violence Prevention; and finally the federal inter-agency funded FindYouthInfo.gov.

While it's not the subject of today's webinar, I did want to remind you of general education evidence-based resources on [www.ed.gov](http://www.ed.gov). If you go to the bottom of the page under the section Research & Statistics, you will notice there's a link to our Institute of Education Sciences page.

And just recently posted is the program evaluation of our student drug testing program, a very large-scale experimental design study with findings based on our funded grants.

There's also the Doing What Works link, which is research-based practices online, not in our areas we're discussing today, but data-driven improvement, quality teaching, literacy, math and science, comprehensive supports and early childhood.

So we're not going to discuss the ed resources in general, but these other federally funded resources that we wanted you to know about. We've got a fully loaded agenda today, as I said, covering three different federally funded, supported Web sites. And we do want to give you an opportunity to ask your questions.

But I'm going to ask that you send them to me via Chat. I'm on the participant list at Norris Dickard, and under the Chat feature you can send me a message and I will review them throughout the webinar, so that we can pose them to the presenters at the end.

So that's the beginning. And now I'm going to turn it over to Fran Harmon with SAMHSA's Registry of Evidence-Based Programs and Practices. Just a moment, please, while we turn over the presentation. Okay, Fran will now be the presenter.

Fran Harmon: Thank you. This is Fran Harmon. My main role on NREPP is Scientific Review Coordinator or RC, and I've been doing this for just over five years at MANILA Consulting Group, which is the government contractor for NREPP. As an RC I coordinate the review of programs' quality of research, and I also work on triaging applications during the open submission process.

NREPP is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. NREPP's new URL is [nrepp.samhsa.gov](http://nrepp.samhsa.gov), which was launched on March 1,

2007. The purpose of NREPP is to assist the public in identifying approaches that have been scientifically tested and can be readily disseminated to the field in order to prevent or treat mental health and/or substance use disorders.

NREPP is a voluntary, self-nominating system in which intervention developers elect to participate. As of now we actually have about 165 or so interventions that have been reviewed and posted on the Web site. Although we are continuing to review interventions, we haven't posted to the Web site this month because we're preparing for some changes to the site, including some new search features.

But in general, we post once per month and we tend to post about three to five new interventions each time. We just finished our 2010 open submission process, where 109 interventions were submitted. Seventy-four of them met minimum requirements, and 49 of them were accepted for review. NREPP publishes and posts an intervention summary for each intervention reviewed.

Each summary includes descriptive information such as populations and settings, implementation history, replications and costs, just as a few examples; quality of research or QOR ratings, which are provided at the outcome level; readiness for dissemination or RFD ratings; a list of studies and materials reviewed; and contact information to obtain more information about the research and about the dissemination materials or on implementing the program.

So why NREPP? Well basically, organizations want to provide what works. Funders want to pay for what works. Consumers want to receive what works. So, what works? Well we'll get to that a little bit later. But for now, consider that the NREPP Web site has generated substantial interest among agency stakeholders and the general public.

NREPP has had almost 505,000 visitors between March of '07 when the new NREPP site was launched and April of this year, which averages to more than 13,500 visitors per month.

In this next section I'll talk about the NREPP submission process. For each open submission period, which generally occurs annually, we post a Federal Register notice the summer before, which spells out NREPP's current minimum requirements.

In general, minimum requirements include positive behavioral outcomes where statistical analyses are significant at  $p$  less than or equal to 0.05, and that are evaluated in at least one study with an experimental or quasi-experimental design. Experimental designs require random assignment, a control or comparison group and pre- and post-intervention assessments.

Quasi-experimental designs, on the other hand, don't require random assignment, but they do require a comparison or control group, pre- and post-intervention assessments, and also in this category we include longitudinal or multiple time series designs with at least three pre-intervention or baseline measurements, and then at least three post-intervention or follow-up measurements.

Continuing on with minimum requirements, the study or studies to be reviewed need to be published research articles or comprehensive evaluation reports. By comprehensive we mean that the report needs to have a similar structure to published articles -- review of the literature, theoretical framework, a methods section, results section, discussion -- things like that.

And there need to be implementation materials that can be used by the public, such as implementation guides or curricula, training and support resources, and quality assurance and monitoring protocols.

Interventions that meet minimum requirements are sent to the appropriate SAMHSA center for approval to be reviewed. Once we get a list of interventions approved for review, they are assigned to scientific review coordinators or RCs like myself, who work with the applicants to identify outcomes and submit any additional materials for review.

Next I'll talk about the NREPP review process. The stages of the review process include some pre-review activities, the review itself, and then reporting and posting.

During the pre-review period, we hold a kick-off phone call which includes both the QOR RC and the RFD liaison, both from NREPP, and then the program developer and anyone else they would like to have involved from the intervention side.

This call serves to introduce ourselves to one another, describe the review process to them, discuss the materials that they've submitted to be reviewed, and also to request any additional information we'll need from them to be able to conduct the actual review and also write the program summary.

The QOR and RFD reviews happen along parallel paths. The QOR RC prepares the materials and a review packet to send to two doctoral level scientific reviewers with expertise in the topic area. Those reviewers independently rate the quality of research on a scale from 0 to 4. They provide separate ratings for each measure of each outcome of each study.

If there are multiple measures for an outcome or multiple studies measuring the same outcome, reviewers will synthesize across those measure or studies - usually take an average, but sometimes they'll weight one more heavily than the other. And that way they come up with one set of scores for each outcome, which is what's reported in the program summary on the NREPP Web site.

At the same time, the RFD dissemination materials are sent to one program implementation expert and one consumer or provider reviewer to rate readiness for dissemination, which is also rated on a scale from 0 to 4.

The rating criteria that the QOR reviewers are asked to consider include reliability and validity of the instruments or scales used to measure each outcome; the fidelity of the implementation of the intervention; missing data and attrition; potential confounds; and appropriateness of the analyses.

On the RFD side, those reviewers are asked to rate availability of implementation materials, training and support resources, and quality assurance procedures.

Finally, the RC and RFD liaison prepare together a draft of the program summary, again including descriptive information; a list of the outcomes; how they were measured in the studies, and associated key findings for each of the outcomes; and then the QOR and RFD numerical ratings, along with strengths and weaknesses that the external reviewers have provided.

The summary goes through our extensive quality assurance process and is then sent to the program developer for them to review and provide their consent to post the summary to the NREPP Web site.

Developers do have the right not to consent to post. But if they decide not to post, their intervention will still be listed on the site as having been reviewed but not posted due to refusal. Once we receive their consent, we send the summary to SAMHSA for their approval, and then the summary is posted to the NREPP Web site at the next posting time.

There is no minimum score requirement for posting. Once an intervention is accepted for review, meeting the minimum requirements, it can be posted regardless of how it scored.

SAMHSA encourages NREPP users to keep the following guidance in mind -- that SAMHSA recognizes the descriptive information and ratings provided through NREPP through the NREPP summaries are only useful within a broader context that incorporates multiple perspectives, which include things like clinical, consumer, administrative, fiscal, organizational and policy.

And these should all influence stakeholder decisions about identifying, selecting and successfully implementing evidence-based programs or practices. NREPP can be a first step to promoting informed decision making.

The information in NREPP intervention summaries is provided to help people begin to determine whether a particular intervention may meet their needs, but direct conversations with intervention developers and any others listed as contacts are advised before making any decisions regarding selecting or implementing an intervention.

NREPP ratings do not reflect an intervention's effectiveness. Users need to carefully read the key findings sections for each of the outcomes in the summary to understand the results for that outcome. And finally NREPP does



not provide an exhaustive list of interventions, and NREPP does not endorse specific interventions.

For anybody who's possible interested in submitting an intervention to NREPP, I've included the contact information. We're MANILA Consulting Group, and then here's the main phone number and the email address. Thank you very much.

Norris Dickard: Thank you so very much, Fran, for that presentation. This is Norris Dickard at the US Department of Education, and Fran is passing the presentation to Del Elliott with the US Department of Justice funded Blueprints for Violence Prevention. It's housed at the Center for the Study and Prevention of Violence at the University of Colorado at Boulder, and we're very happy to have Professor Del Elliott joining us today.

Del Elliott: Thank you, Norris. It's a pleasure to be here. I'm the Director for the Center for the Study of Prevention of Violence, and we have had violence prevention initiative up and running now for quite some time, since 1993.

The primary goal of the Blueprints initiative has been to integrate prevention research and practice. The hallmark of Blueprints has been its effort to identify and promote the implementation of exemplary evidence-based programs.

We search for violence, drug, delinquency and anti-social behavior programs that meet the Blueprints standard for certification as an evidence-based program. And this is the most scientifically demanding standard among current lists of evidence-based programs.

We systematically review individual program evaluations, looking at all of the publication literature that reports on evaluations, so that in our case it's not necessary for a program to submit an application for a Blueprint review. We look carefully at all published evaluations that involve violence, drug or delinquency or anti-social behavior outcomes, and automatically review those programs that have evaluation evidence to consider.

The programs that meet the Blueprints standard are then certified as either model or promising evidence-based programs. The standard that we apply here, as a minimum, involves two randomized control trials, or very high-quality quasi-experimental studies. But if they're not randomized control trials, we look very carefully at the quality of that study and we apply a higher standard to that issue.

If a program meets that standard, which requires those two studies plus evidence that that effect that's observed is sustainable for at least one year after leaving the program, we then certify that program as a model program.

If it doesn't meet that standard but still has at least one study which meets the standard, either a randomized control trial or a quasi-experimental design study with very high quality, we would then certify that program as a promising program.

From our perspective, only model programs are really ready to be considered for widespread dissemination. That is, we wouldn't think of taking a program to scale, that is putting a program into every middle school in the United States, unless it met that standard.

That is a high standard requiring two randomized control trials and evidence of sustainability of effects. But we think it's important that a program meet that standard before we try to implement it on a wide scale.

Promising programs are evidence-based programs. That is, we consider those programs to qualify as an evidence-based program, and they are appropriate for local implementation. But we urge those who are implementing promising programs to do another outcome evaluation.

That helps us add to the body of knowledge about that program, and to elevate that program if the evaluations prove positive again, to elevate that program now up to being a model program.

The Blueprint Web site publishes the list of these model and promising programs with detailed descriptions about each of those programs. We also have an interactive search capability, so if you're interested in looking at a program which addresses a specific risk or protective factor, you can search on a risk/protective domain.

You can search by client population, by age, by type of intervention, or by type of Blueprint program -- that is, by a model program or a promising program. On the Web site you will also find a matrix where we show the top 300 programs.

These are programs which appear on any of the federal lists, showing how that program is rated on each of those separate federal lists, with the scientific rating standards which are used by each of those agencies. And then finally we show cost, staffing and contact information for each Blueprint program.

It's important that when you're thinking about selecting a program that you understand the programs are designed to change specific risks or protective factors. So the selection of programs should logically begin by asking the question, "What is the risk or protective factor that we would like to change?" knowing that changing that risk or protective factor will have an effect upon violence, drug or delinquency.

But the search problem is really one of finding the risk or protective factor. The good news is that given risk and protective factors are related to a fairly wide range of different outcomes. So even though we are targeting violence, drug, delinquency, anti-social behavior, it's important to note that the risk factors for those outcomes are in fact general for a wider range of potential outcomes.

For example, pretty much the same set of risk and protective factors are related to mental health outcomes that are relate to school dropout to teen pregnancy. So searching for those risk or protective factors allows you to have multiple outcomes for a given program that's effective in impacting that risk or protective factor.

We are in the process of upgrading the Blueprint Web site. The aim here is to essentially make the Blueprint Web site a consumer reports guide for those who are looking for evidence-based programs.

So we hope to be able to provide a very user-friendly information base, so that individuals who are searching for an evidence-based program can find all of the types of information that are necessary to make an informed decision about selecting a program.

So the first thing that we propose to do is to make all of our program evaluation reviews in our database accessible. So you can get online and search for any given program that involves a violence, drug or delinquency outcome. And you can see, by clicking on that program, exactly how that program was rated in the scientific review that was one on that program.

Secondly, we will provide a dissemination readiness rating for each program. The readiness rating is a rating which tells us whether the program really has all of the materials which should be necessary to implement that program on a fairly wide base.

So what we're talking about here is whether or not there are program manuals; whether there are certified trainers; whether there is an established technical assistance capability for that program; and whether there is an existing fidelity checklist for that program, which would allow those who are implementing the program to actually see whether they're on track in implementing that program the way it was designed.

One of the surprising things to us that we discovered early on in the Blueprint initiative when we were funded to put the Blueprint programs, 100 Blueprint programs, out into the field, we discovered that some of the Blueprint programs, even back when we were initiating that effort, were not ready for dissemination.

So it turns out that even though there are some programs which are effective programs, that the question of whether they're ready to be disseminated remains problematic in some cases. So it's important, when you're selecting a program, to be able to establish whether that program has the capability for dissemination.

Third, we plan to publish the effect size for high and average fidelity for each of our Blueprint programs. The effect size is a way of getting an estimate of how big the difference is for those who are participating in the program, compared to those who are in a different program or are not in any program.

It's important because it tells us whether we're getting a lot of change in those risk/protective factors and outcomes by participation in this program, or whether that effect is a relatively small or modest effect. And what we've learned is that the effect size is related to the fidelity of the implementation.

So when we have a high fidelity implementation, we get higher - we get greater effect sizes. So we will be publishing an effect size that's kind of the maximum that you can get, and that's related to having a high fidelity implementation; or with an average effect size, which would likely be a more modest effect.

And then finally we propose to have a summary description of each Blueprint program. And here is the kind of information, I think, that you will find pertinent and really relevant to your selecting a given program. First of all, we will describe the theoretical rationale for that particular program -- why it is that changing the given risk or protective factor is related to a change in violent behavior or drug use.

Secondly we will describe that type of intervention. Is it a mentoring program? Is it a drug prevention program? Is it a program which is focusing upon the school climate and changing the risk conditions which exist in the school climate? The type of intervention.

Then we will describe the risk and protective factors which are targeted by that intervention -- those things which the intervention is designed to change.

Then we will report on the outcomes which change as a result of changing those risk factors; then the effect size; the population served.

This is a critical thing to consider, because the fact remains that some of our effective programs have really been validated only on white, middle class populations. Others have been validated and are culturally sensitive to race and ethnic differences, social class differences, gender differences.

You need to look and make sure that a program you're selecting has been proven effective for the particular population that you want to serve with that program.

We then will report on the cost, the readiness rating, potential funding streams, ways to fund each particular program, and then we'll be providing contact information so you can contact persons who are using that particular intervention and those that are prepared to deliver that intervention.

It is especially critical, I think, in these economic times that we get the most out of each of the available dollars that are available, and that we become more efficient. And relying on evidence-based programs will help us to do that.

In conclusion, I'm concerned that we reserve the term evidence-based for programs that we have a high confidence in their effectiveness. We have been successful in getting local governments, the federal government, foundations and the public in general to invest in evidence-based programs.

If we promote programs that turn out not to be effective, we will undermine this whole effort and lose the public trust. This suggest to me that we need to be careful when we define evidence-based, and that we use that term,

evidence-based, for programs which have a good level of scientific credibility for its effectiveness. Thank you.

Norris Dickard: And thank you very much, Del. Del is now going to - literally we have a ball in our system that we pass from presenter to presenter. Del is going to pass the ball to Sarah Potter, who is with the US Department of Health and Human Services. And she oversees the FindYouthInfo.gov effort, and she is going to discuss that next.

Sarah Potter: Thank you, Norris. I'm also joined by Martha Moorehouse, who is going to kick us off. She is the Chair of the Interagency Working Group on Youth Programs.

Martha Moorehouse: Hello, everyone, and my day job is here as the Division Director for Children and Youth Policy at Department of Health and Human Services Planning and Evaluation Office.

And as part of that work, we're deeply involved with an interagency working group on youth programs, and the working group has responsibility for disseminating information about evidence-based programs. And we do this through the FindYouthInfo.gov Web site, as well as through some other working group activities.

On this slide you can see the composition of the Interagency Working Group on Youth Programs, and the federal agencies who participate include our agencies who are part of the conversation today from the HHS's Substance Abuse and Mental Health Services Agency, SAMHSA, about their registry; and we have Norris with us from Department of Education as well.



So our responsibilities for the Interagency Working Group on Youth Programs are supported by an executive order as well as some direction from the Congress. And we have four major activities.

These include creating and supporting a federal interagency Web site on youth, so the FindYouthInfo.gov Web site is the only Web site that is a cross-federal government Web site on youth, designed to pull together resources for youth-serving organizations from across government.

So you don't have to shop each government Web site one at a time, though we know that the independent Web sites of federal agencies are dynamic and continue to grow. So we look at how we can help you find resources on those Web sites, as well as some central resources on our FindYouthInfo.gov Web site.

We strive not to duplicate, but to coordinate. So our additional purposes include identifying and disseminating effective strategies and practices that support youth. And we also work to promote enhanced collaboration to work together across the range of youth programs and sectors involved in serving youth at the federal, state and local level.

And we also have a charge to develop an overarching strategic plan for federal youth policy. And as we go into more detail on the Web site, you'll see opportunities not only to look at how we disseminate evidence-based information, but also how to provide input on the strategic plan and other activities.

I'm going to turn it over to Sarah, who's going to take you through the features of the Web site.

Sarah Potter: So this is a screen shot of the homepage of FindYouthInfo.gov. You'll see that the third tab at the top says Program Directory, and clicking here will lead you directly to the Directory. We're limited by space on this Power Point, but if you were to be on the actual site, there's a box just underneath Map My Communities that also takes you directly to the Program Directory.

And we're really fortunate to be able to provide this resource on FindYouthInfo.gov through partnership with the Office of Juvenile Justice and Delinquency Prevention at the Department of Justice. So they've been able to build language into a cooperative agreement with a vendor, (DFG) that describes their responsibilities to support and maintain this directory.

And HHS and our office -- the Office of the Assistant Secretary for Planning and Evaluation, which serves as the Chair of this working group -- has an interagency agreement with OJJDP that includes language about their support for this directory. So it's a formal agreement and it helps us to be able to maintain this site.

So if you click on the tab at the top called Program Directory, you're led to this page. Here you'll see that you can find out about the directory's background, methodology, information on risk and protective factors, as well as links to nominate a program for inclusion in the directory. You can also search for programs on this page by risk or protective factor, or you can browse all programs.

We're in the process right now of relaunching FindYouthInfo.gov, which will offer expanded search options. We've heard from our users that they want to search beyond just risk and protective factors, so we're going to work with our vendor to make that possible.

And stay tuned. We hope to have that done by the end of this summer. So what we think is unique about this program directory is that it focuses just on programs for youth, specifically youth under age 18.

To build the directory we brought in youth-focused programming that exists in other, broader directories like the Department of Justice's Model Programs Guide, SAMHSA's National Registry of Evidence-Based Programs and Practices that you heard about earlier, and also program models offered through the What Works Clearinghouse from the Department of Education.

Our vendor also regularly reviews the literature to see if there are new program models that should be included. And we take nominations from the public. So the result is that approximately 200 programs are included in the directory.

We only include programs that target an at-risk youth population or programs that explicitly aim to prevent or reduce one or more problem behaviors in youth, such as aggression and violence, substance abuse, delinquency, trauma exposure, and the full list is here on this slide.

Now you'll notice that there are some things missing here, things that are noticed by our partners on our working group, such as a focus on youth employment or financial literacy. We've received nominations to these programs addressing these areas in the past, but they fall just outside our area of focus, so that they have not been included in the program directory so far.

However, we're exploring how best to include programming like this in the directory, especially if the evidence suggests the model is successful in improving youth outcome.

Each program that appears in the directory has undergone an assessment, a review of the evidence, and a rating using four dimensions of effectiveness -- conceptual framework, program fidelity, evaluation design and empirical evidence.

The cooperative agreement that OJJDP supports includes support for a review panel which conducts this review process. And we should note that not every program passes the test. We've had to turn some folks away for the lack of evidence that their program has had an impact on youth outcomes.

So the programs in the program directory impact a select set of risk and protective factors. We've categorized these into five groups -- individual, family, school, peer and community. Risk factors are conditions that increase the likelihood that a youth will get into trouble or expose themselves to danger.

Examples in the program directory include poor refusal skills, child victimization and maltreatment, frequent school transition or association with delinquent peers. And so the greater the intensity or number of risk factors, the greater the likelihood that the youth will engage in delinquent or other risky behaviors.

Now on the flip side, protective factors are safeguards that promote resiliency and enhance a young person's ability to resist risks or hazards and make good decisions. Like risk factors, protective factors can exist in and be addressed by individuals, families, communities and institutions.

And examples that we include in the directory are self-efficacy, high family expectations, opportunities for pro-social school involvement, and a safe environment or community.

Protective factors, as we make a point of noting, are not just the absence of risk factors. Exposure to protective factors helps young people make better decisions, confront obstacles and find the supports they need. They may prevent, diminish or counteract the effects of risk factors.

So we wanted to give you the opportunity to see how the search works. You can search the directory, as we said, by risk factor or protective factor, or browse all evidence-based programs. Here we're using the dropdown box to search by the risk factor Dropping out of school. We find programs that address this issue.

And once we click on that, the programs that address the risk or protective factor show up. And you'll see here that there are 26 programs that have been evaluated in relation to this risk factor, even though you only see a few on your slide.

You'll see that programs are designated a level, 1, 2 or 3. This does not indicate the level of effectiveness; rather it indicates what kind of evaluation was conducted. Level 1 evaluations used an experimental design. They are the most rigorously evaluated programs. Level 2 programs used a quasi-experimental design, and Level 3 programs used a less rigorous design such as a theory of change.

You'll also see on the right hand column the age group for this particular program. Programs in the directory cover the ages of 0 to 18. Some go a little bit beyond. But what's helpful about that age range is that you can think about, as a community, how you're going to bring evidence-based programs in to address kids at all stages of their development.

So to find out more about a program you'd like to implement, you click on its title. So you get - here we've clicked on Positive Action, and you get a description about the intervention. If you scroll down on the Web site, you'll see the type of evaluation that was conducted, the risk and protective factors that it addresses, as well as the name of a person you can contact to learn more about bringing this program into your community.

And this was something that was stressed as very important from our visitors to this site when we talked with them about the usefulness of the program directory. They got to this page, they learned a lot about this program, and then had very little understanding of how to then replicate this program in their community.

And what they called for was a technical assistance contact -- somebody that they could explore what it would take to actually replicate this program. And so that's why we've been very intentional about providing that contact person's name.

So we receive a lot of requests from folks who want to add their program models to the directory. We've provided a link directly on FindYouthInfo.gov that can help you submit your nomination of a program, and you'll see that link on your slide.

The nomination form is accessible directly from FindYouthInfo.gov, and you can email all relevant publications, reports and evaluation materials on the program you'd like reviewed to our contact at (DFG).

The process generally takes two, three months as the review panel examines the evidence. And we encourage regular communication between the reviewers and the program to ensure that everybody has all of the information

they need to make a decision about what gets posted. If the program is accepted, it's written up and posted on the directory.

And once a year our partners at (DFG) go through and verify all the information, so that there aren't any dead links, missing people or other incorrect information represented on the site.

So there are many other features to FindYouthInfo.gov that we would encourage you to explore in addition to the program directory, and we would suggest enhances your ability to choose an evidence-based program for your community. For example, we would strongly encourage you to take an assessment of what currently exists in your community.

We offer a feature called Map My Community, which you see on this slide in the red box, that enables you to find federally funded resources that are already existing in your area. And it's a great resource for those who want to find partners or supports for the populations that they serve. And it's also helpful for potential grant applicants to see if they're actually filling a gap in their community, and if there are others that they can bring together to apply.

We also post the latest in youth news, funding opportunities, research, conferences, Web sites that the federal government has developed, and other topics of interest. And those are updated weekly, so we would strongly encourage people to go on the site and see what new funding is available. We also offer at the top the opportunity for you to sign up for our newsletter, which will, on a regular basis, sort of send that information to your box.

And finally, we're assembling input that will inform the development of a strategic plan for youth policy, and we'd encourage you to weigh in through the box at the top right. I suspect many on the call today have ideas about

evidence-based programs and practices that they'd like to offer input on through that strategic plan box.

I'll turn it back over to Martha to talk about what else is happening at Health and Human Services around evidence-based programs.

Martha Moorehouse: Thank you. One of the things to know about the program directory is that our program directory provides some information about other federal directories, including the NREPP directory that Fran presented on at the beginning of this session. And it gives you some tips on how the content of the directories and ratings compare to one another.

And you may have gathered that NREPP includes more than youth programs, so on FindYouthInfo you should find the same programs to the extent that they focus on youth. And then NREPP also offers some different kind of ratings of those programs, as Fran mentioned. So you can find that kind of overview of the different federal directories.

One of the things that is happening is that more directories are emerging, and we have not yet included information about the new directory on teen pregnancy prevention programs. That listing can be found with the Office of Adolescent Health at the Department of Health and Human Services.

And you may know that that list of programs is related to the new funding that is available for community-based teen pregnancy prevention programs that have demonstrated evidence. And as part of that funding initiative, there's also the ability to apply under an innovation tier to develop evidence for newer approaches.



Other directions around the work on evidence-based programs I wanted to note briefly are we are aware that once people have selected a program that is part of an evidence-based directory, they're very interested in what it takes to replicate that program in a new setting and with a new population.

And our working group is partnering with USDA and also undertaking some other activities to develop implementation and replication information, and we'll work with Norris to provide information that can go out to your LISTSERV as there are events and activities available around that work.

We also are interested in exploring strategies for going beyond branded programs. W.T. Grant Foundation's Bob Granger, as the director, recently presented at a research conference about the efforts to synthesize the information about after-school programs and identify common denominators of effective programs.

This can be very helpful both in implementing the existing branded programs to really understand what the core components are that need to be implemented with fidelity.

It also is an area where people are interested in whether or not we can replicate these core elements, but the research hasn't been done yet to show how you go from specific named program models to implementing evidence-based practices. But it's one area where we're interested in furthering knowledge.

We also are aware that you often are still working to serve youth where there is little evidence available, so evidence-informed strategies and what makes them stronger or weaker in terms of their roots in the evidence is another area we're exploring.

And throughout our group there is much interest in asset-building positive youth development approaches. And how these are related to evidence for outcomes is another area that we have some information on our Web site now. We undertook a lit review and we're continuing to work on that area. And with that, I'll conclude.

Norris Dickard: Thank you very much, Martha and Sarah. If you could pass the ball back to me, as we say. I'd like to thank all of our four presenters today. We had a very full agenda. I've got several questions that have come in to me that I'm going to pose to the panel. But thank you all for a concise presentation on what are very complex and robust systems.

So it's very difficult to distill the essence of these sites and these services down into a 15 minute presentation, but I hope it was helpful to those of you on the call. And I hope that you will dive in and go to the sites and learn more.

So I'm going to ask one of the first questions. People were a little confused about whether it was YouthInfo, and we had a correction. (Henry) sent a note to all participants. It is FindYouthInfo.gov. It's not YouthInfo.gov. It's FindYouthInfo.gov, and thank you for clarifying that.

Sarah Potter: Thank you, Norris.

Norris Dickard: We have collective wisdom. I had a very interesting question come in. It says, "This has been very interesting to me. I supervise tribal programs for a small (unintelligible) tribe in behavioral health, social services and AOD prevention. I'm especially interested in programs effective in Indian country."

What I would like to do with this question - I think Del mentioned or and several of you mentioned, it's very important in reviewing the research to know what population the evidence is based on, and to be very critical reviewers of the information.

But I'd like to simply pose that to any on the panel. It's talking about, okay, so what's effective in Indian country. If you just want to make any general comments about your site or the importance of being a critical reviewer of evidence-based research. Anybody, any presenter, can chime in.

Fran Harmon: This is Fran from NREPP. On our site we actually provide the ability to search by setting, and we've got choices: urban, suburban, rural and/or frontier, and tribal. And the research that we review has to have been conducted in those particular settings in order for us to code it in that way.

Del Elliott: This is Del, and it's a great question. And my review suggests that we have not looked at programs in that setting, and so it's problematic. But what I would recommend you do in that particular case is that you can take a program which has proven to be effective for different populations and for different genders, that has worked in other multiple population settings, and implement that program in that tribal setting and evaluate it.

And that would allow us to learn whether or not programs which look pretty robust for the populations that they are effective for, and add to the knowledge base and allow us then to build the capacity to talk about evidence-based programs for that particular population.

Norris Dickard: Thank you very much. Anyone else want to comment on this item?

Martha Moorehouse: I don't think we have more to add. I think we're aware that there often has not been the research to test specific program models for that population, and then the question becomes how you can help people assess the characteristics of the program and what's been learned in other settings, including the extent to which the program's been tested with a diverse range of other participants.

It doesn't mean it would necessarily work in the tribal context, but if it's been tested with more than one group, there may be more promise for its applicability. And it speaks to the need to look at the applications of programs in new settings with research support to learn how effective they are.

Norris Dickard: Thank you. And I know I was talking to the director of NREPP about, and Del made the point, we need to be careful about what we mean by evidence-based programs. And it's important to note that some may say one experimental random control trial experiment is sufficient. Some would say we need multiple and peer-reviewed journals, and they need to be conducted in multiple settings.

So again, it's very important in using these resources. They are not etched in stone, although we could argue that others may be more etched in stone. But, you know, the fact that we need to be critical reviewers, given the specific context and factors we're trying to address.

I have another question that came in, and I think it's addressed as you use the Web site. But I want to pose it to the presenters. One of our participants said, "Look, I'm just really interested in addressing underage drinking. How do I go about finding interventions for that?"

Del Elliott: This is Del. You know, this is an area where there are, in fact, quite a few programs that are addressing that particular problem. And we have several on

our Blueprints list. And, you know, there are several model programs that meet a very, very high standard with multiple randomized control trials, evidence of sustained effects, clear through high school.

And so my recommendation is that you can go to any of these sites. You can go the Blueprints site and look for a program which is a drug or alcohol prevention program for that particular age group that you're interested in. And look at the quality of the evidence that's available for those different programs.

So we would recommend first, for example, Life Skills Training, which has demonstrated the ability to cut the onset of drug use by 50 to 70%. So there's a program which meets a very, very high scientific standard of effectiveness, which has a very large effect size.

So there's a great program, and you might start there. But there are others that you could look at, and my suggestion is you take the program that has the best evidence for it.

Fran Harmon: This is Fran from NREPP. And the same thing for NREPP -- you'd be able to go to our site and you would be able to do a search at least by alcohol, and then you can narrow down by age group as well.

Norris Dickard: Thank you very much. I'm just looking at a - so this is an interesting question that came in. After you have implemented an evidence-based program or curriculum and you've found that it doesn't work with your population, what do you do next?

And I believe one of you talked about the fact that sometimes -- and I believe it was you, Del with Blueprints -- that sometimes there isn't evidence for

particular populations or sub-populations, and we need to add to the body of knowledge. But the question is, so there has been evidence, but you're using it with a different population. What should you do with this information?

Del Elliott: This is Del, and that's a very, very important finding. It's as important for us to know when a program doesn't work as it is to know when a program does work, because that represents a known limitation for that particular program.

What I would suggest that you do in that particular case is, first of all make sure that the program was implemented with high fidelity. Because there isn't any program, no matter what the level of scientific evidence is for it, if it's not implemented with at least some minimum level of fidelity. You are not going to get the effects that were found when the program was implemented well and was evaluated when it was implemented well.

So the first question is, you know, was it implemented with fidelity? More programs fail for lack of fidelity than because it isn't a good program. The second thing that I would suggest that needs to be done is that you look for another program that is specific, that has been demonstrated to be effective for that specific population that you're working with.

And the findings, you know, from it's not working need to be submitted to journals or send it to us. Because we would like to keep track of when programs are successful and when they're not.

Norris Dickard: Thank you. Anyone else on the panel?

Martha Moorehouse: I think across all the efforts to offer evidence-based programs we are all looking to make sure that people can find the most information possible about

programs, and see what the strength of the evidence is for the population you plan to serve.

So Del mentioned that implementing with fidelity - and it would be implementing with fidelity and whether the original model served the same population you're working with now, and whether or not there are alternate models if it was potentially not a good fit.

I think one of the things we know is that as people in the field work to implement programs, they sometimes adapt to make them better. And we understand the inspiration for doing that.

We had a meeting, I think that Del was a part of, looking at the literature, looking at the experience with evidence-based programs in the different areas of youth work -- from preventing substance abuse to preventing teen pregnancy to preventing other risky behaviors.

And we often heard from the researchers that as they went to observe fidelity, program providers would want to use what they thought were the best elements of a given program, but then draw on additional elements and add other things that they thought were good elements from other programs.

And I think that speaks to the same point Del mentioned, that you really do need to assess and have in place, as you go to implement the program, a strategy for knowing whether you implemented the program as it was originally designed or not.

And it is the case that even when there's two randomized trials that have produced evidence as is the focus of the Blueprints, that's still a fairly small number of settings, and sometimes a small range of population groups where

the program's been tested. So providing the information to the program designers about the experience people have had with programs, I think, is highly valuable.

Norris Dickard: Thank you. I just wanted to note that we are at the end of the time, but our presenters have graciously agreed to stay on for ten more minutes, as we have a few more questions. If you have a burning question, now is the time to submit it to me via Chat, Norris Dickard.

We have a few other questions. I think this has stimulated a great dialogue. One of the questions is, "If there is no research on a particular intervention or with a particular population, what do you do?" I will respond to that.

I just wanted you to know the Department of Health and Human Services National Institutes of Health, in particular the National Institute of Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse, do fund core research on these programs. We do, as well. As I mentioned, the evaluation of our student drug testing program is online now at the Institute of Education Science.

And I wanted you to also know that we are in close contact with those two national institutes about their research agendas and having conversations. But they are one way that you're funding peer research, if you will, on effectiveness. Del, you might want to say something if you feel like it, about the Department of Justice-related delinquency prevention and any core research.

Del Elliott: The question that was asked, you know, was really a very important question. And it does, I think, highlight the fact that we still have a lot to learn, and



there are populations that we don't know much about; effective programs for those populations.

And there are some big gaps -- and I'm speaking specifically about the Justice area -- some specific gaps in the fact that we don't have programs that address some of the most important and strongest risk conditions. For example, we don't have good research yet on how you intervene effectively with respect to gangs.

And there are certain risk factors or protective factors for which we don't have programs that are effective in changing those risk or protective factors. So I think it highlights the need for additional research to fill out the numbers of programs which are effective.

I honestly think there are a lot of programs out there that are being implemented that may very well be effective programs, and they just haven't gone through the necessary evaluations to demonstrate that effectiveness. So I think we need to be zealous in finding good new ideas and new interventions, and evaluate them.

The thing I think we can't do is to continue developing new programs and implementing them without finding out whether those programs work or not. Because unfortunately we know that there are some programs, that were very well-intentioned, which actually turned out to be harmful. So that highlights the need to find the evidence to document and demonstrate that a program is effective. And the research needs here are pretty great.

Norris Dickard: Thank you very much. It's a perfect segue to a related question we got, which I found very interesting. And the other panelists can comment on that one, but

I just wanted to add on. One of our participants asked, "Is there a resource for learning what does not work?"

Del mentioned programs that are well-intentioned but turn out to be harmful. So this question is, "Is there a resource to find out what does not work?" And the examples this participant wrote about are crashed cars on school lawns every spring to highlight the dangers of drinking and driving. And by the way, I do not know the research on crashed cars on school lawns.

Del Elliott: This is Del. There was a report to the Congress by Sherman et al, which does include that kind of information that does suggest that there are a number of major interventions which are being implemented, or at least were being implemented fairly widely, where the research evidence is pretty conclusive that those programs are not effective.

And that is as important to know as what is effective, so we don't keep on implementing programs that are not effective, which is a terrible waste of very limited resources, and in some cases can actually be harmful.

Norris Dickard: Any other panelists like to respond to these two related questions?

Fran Harmon: I don't have anything to add.

Martha Moorehouse: I think on the question about what do you do when there isn't evidence, we can think about whether we could offer after the fact, you know, any specific resources. But a lot has been written about using logic models and theories to really identify what outcomes you want to change, to draw on the vast literature we have about what affects those outcomes, and what is amenable to influence.

And then to design your program around that, and then cast it as you go so that you can both see whether or not you get the expected outcomes and, as is coming up in the most recent comments, certainly see if you are accidentally doing harm to the group that you're trying to help, as occurred with some of the well-intended social intervention programs, but that did not have the right interventions to help.

I was going to comment that related to this is getting funding to evaluate newer programs and innovative programs, which I think is one of the questions that comes forward. And the teen pregnancy prevention initiative that I mentioned, that's on the Office of Adolescent Health Web site, has built-in evaluation support for the tier of innovation programs that will be available for applicants.

And there is a focus in the federal government, including at OMB, on how to make more evaluation funding available for both the large-scale existing program models that the different federal agencies are operating, but also how to build more evaluation support for innovative efforts. So more to come, we hope, on that.

Norris Dickard: Thank you, and this technology is just so amazing when you get so many smart people spread across the United States and such a stimulating conversation going. We've had a related question, and Fran this will come to you. You've been a little quiet here about this discussion.

It says, from a participant, "Is selective submission of program studies a weakness of NREPP? Won't developers simply submit their most successful studies?" And I'm just paraphrasing and adding to this question. You will not know about the unsuccessful results.

Fran Harmon: Yeah, I think that's a very good point. And also, even if they submit, you know, x-number of studies, we then narrow it down and choose with the developer three studies to highlight. And that's what it is. It's a highlight of what they've done.

There is a section on adverse effects, a section in the program summary on adverse effects, although that's really up to the program developer to disclose that to us. We're not detectives going to look for those. So, yeah, again, you know, if they don't disclose it, then we don't know.

Which is why we really stress, again, you know, to do your due diligence once you start to identify some programs that you're interested in, is that then you go and do some background searching on it and really get to know the program. And hopefully these kinds of things would be uncovered. But yes, it's true.

Norris Dickard: Thank you for those comments, Fran. Well we have one final question, and this will be our concluding question. It is, "Will the Power Point be made available online?" And it will be made available.

Gizelle, correct me if I'm wrong, it's on the Office of Safe and Drug-Free Schools Web site. If you go to [www.ed.gov](http://www.ed.gov), at the bottom there you can find an office or find our office. There are a few clicks involved. But we will post this Power Point online along with the transcript. The audio will not be part of it. We have some limitations related to that. But yes, this will be online.

And this last slide, if you have further information about any of these sites or questions about various programs, these are all federally funded resources to assist you in making the right decision in selecting a program or implementing a specific approach.

So we thank you. We thank the participants. We thank you, the presenters. We hope this information was helpful to you. I sent via the Chat message a note on our LISTSERV for the Office of Safe and Drug-Free Schools here at the US Department of Education.

If you're not on it, please subscribe because we hold these webinars on a monthly basis and we try to share, with those in the education and prevention area, information from across the federal government to assist you. So thank you again, and this concludes our webinar for July.

Coordinator: That does conclude today's conference. Thank you all for participating. You may disconnect at this time.

END